

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574157

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1		1				
2			1				
3			1				
4			1				
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TOTAL IND.		↓	1	↓		↓	
TOTAL DEP.	←		18	←		←	
TOTAL CLAIMS			19				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.				↓			
TOTAL DEP.	←			←		←	
TOTAL CLAIMS							